

13049  
U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.:</b> 60019450.0002 <b>First Named Inventor:</b> Stiles, Thomas W. <b>Title:</b> GAMING DEVICE SYSTEM <b>Express Mail Label No.</b> EV 332956100 US <b>Date of Deposit:</b> January 14, 2004																													
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																													
1. <input checked="" type="checkbox"/> This Form includes the Fee Transmittal (See Box 19) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. (See 37 CFR 1.27) 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages 23]</span> 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <span style="float: right;">[Total Sheets 6]</span> 5. <input checked="" type="checkbox"/> Declaration and Power of Attorney <span style="float: right;">[Total Pages 2]</span> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s)          named in the prior application, see 37 CFR          1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R in duplicate; or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies																													
<b>ACCOMPANYING APPLICATION PARTS</b> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</td> <td style="width: 40%; text-align: right;">□ Copies of IDS Citations</td> </tr> <tr> <td>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement</td> <td></td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document (if applicable)</td> <td></td> </tr> <tr> <td>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> <td style="text-align: right;">□ Copies of IDS Citations</td> </tr> <tr> <td>13. <input type="checkbox"/> Preliminary Amendment</td> <td></td> </tr> <tr> <td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</td> <td></td> </tr> <tr> <td>15. <input type="checkbox"/> Certified copy of _____ Priority Document: Document No. _____, filed on _____.</td> <td></td> </tr> <tr> <td>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(I). Applicant must attach form PTO/SB/35 or its equivalent.</td> <td></td> </tr> <tr> <td>17. <input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>				9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	□ Copies of IDS Citations	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement		11. <input type="checkbox"/> English Translation Document (if applicable)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	□ Copies of IDS Citations	13. <input type="checkbox"/> Preliminary Amendment		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)		15. <input type="checkbox"/> Certified copy of _____ Priority Document: Document No. _____, filed on _____.		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(I). Applicant must attach form PTO/SB/35 or its equivalent.		17. <input type="checkbox"/> Other: _____											
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18. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <b>of prior application no.:</b> _____ / _____ Prior application information:    Examiner Name: _____    Group Art Unit: _____																															
<small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>																															
19. <b>FEES CALCULATIONS:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CLAIMS</th> <th>(1) FOR</th> <th>(2) NUMBER FILED</th> <th>(3) NUMBER EXTRA</th> <th>(4) RATE</th> <th>(5) BASIC FEE \$385.00</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">TOTAL CLAIMS</td> <td>47</td> <td>27</td> <td></td> <td>\$9.00</td> <td>\$243.00</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td>7</td> <td>4</td> <td>\$43.00</td> <td>\$172.00</td> </tr> <tr> <td></td> <td>ANY MULTIPLE DEPENDENT CLAIMS?</td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> <td>\$145.00</td> <td>\$0</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">SUBTOTAL</td> <td colspan="2">\$800.00</td> </tr> </tbody> </table>				CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$385.00	TOTAL CLAIMS	47	27		\$9.00	\$243.00	INDEPENDENT CLAIMS	7	4	\$43.00	\$172.00		ANY MULTIPLE DEPENDENT CLAIMS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$145.00	\$0				SUBTOTAL	\$800.00	
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a. <input checked="" type="checkbox"/> In connection with this application, the Commissioner is hereby authorized to credit overpayments or to charge any additional fee required to Deposit Account No. 19-3140. A <b>duplicate copy of this sheet is enclosed</b> . b. <input checked="" type="checkbox"/> The enclosed credit card payment form to charge the amount of \$800.00 covers the total claim fee and recordation fee.																															
20. <input checked="" type="checkbox"/> CUSTOMER NO. 26263																															
Dated: January 14, 2004																															
SIGNATURE:  Kirill Y. Abramov, (Reg. No. 47,374)																															